IMG_1292.jpeg

Open with DocHub - PDF Sig...

Form **SS-4** (Rev. December 2019) Department of the Treasury Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ Go to *www.irs.gov/FormSS4* for instructions and the latest information.

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN 99-3918980

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested: One Meal A Day Incorporated

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name: Sory Ibrahima Keita

4a Mailing address (room, apt., suite no. and street, or P.O. box): 3500 W Manchester Blvd #233

5a Street address (if different) (Don't enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions): Inglewood, California 90305

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located: Los Angeles, California

7a Name of responsible party: Sory Ibrahima Keita

7b SSN, ITIN, or EIN: 719-20-6295

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☑ No

8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☑ No

9a **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ▶ Charitable
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ Military/National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated: State California; Foreign country

10 **Reason for applying** (check only one box)

- ☑ Started new business (specify type) ▶ Charitable
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions. 07/09/2024

12 Closing month of accounting year November

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

| Agricultural | Household | Other |
|---|---|---|
| 0 | 0 | 0 |

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A

16 Check **one** box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☑ Other (specify) ▶ Charitable
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
One MEAL A DAY is a nonprofit with a purpose to provide one meal a day to school children in West Africa.

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☑ No
If "Yes," write previous EIN here ▶

**Third Party Designee**

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: Cheyenne Moseley

Designee's telephone number (include area code): (800) 773-0888 x5208

Address and ZIP code: 101 N. Brand Ave., 10th Floor, Glendale, CA 91203

Designee's fax number (include area code): (323) 446-7492

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code): (323) 379-7605

Name and title (type or print clearly) ▶ Sory Ibrahima Keita, Director

Applicant's fax number (include area code)

Signature ▶ Date ▶

575684034 - 07 EIN OBTAINED

**For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.** Cat. No. 16055N Form **SS-4** (Rev. 12-2019)